

# **Violence 201: Integrating Threat Management into Clinical Practice**

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 @ViolenceWonks

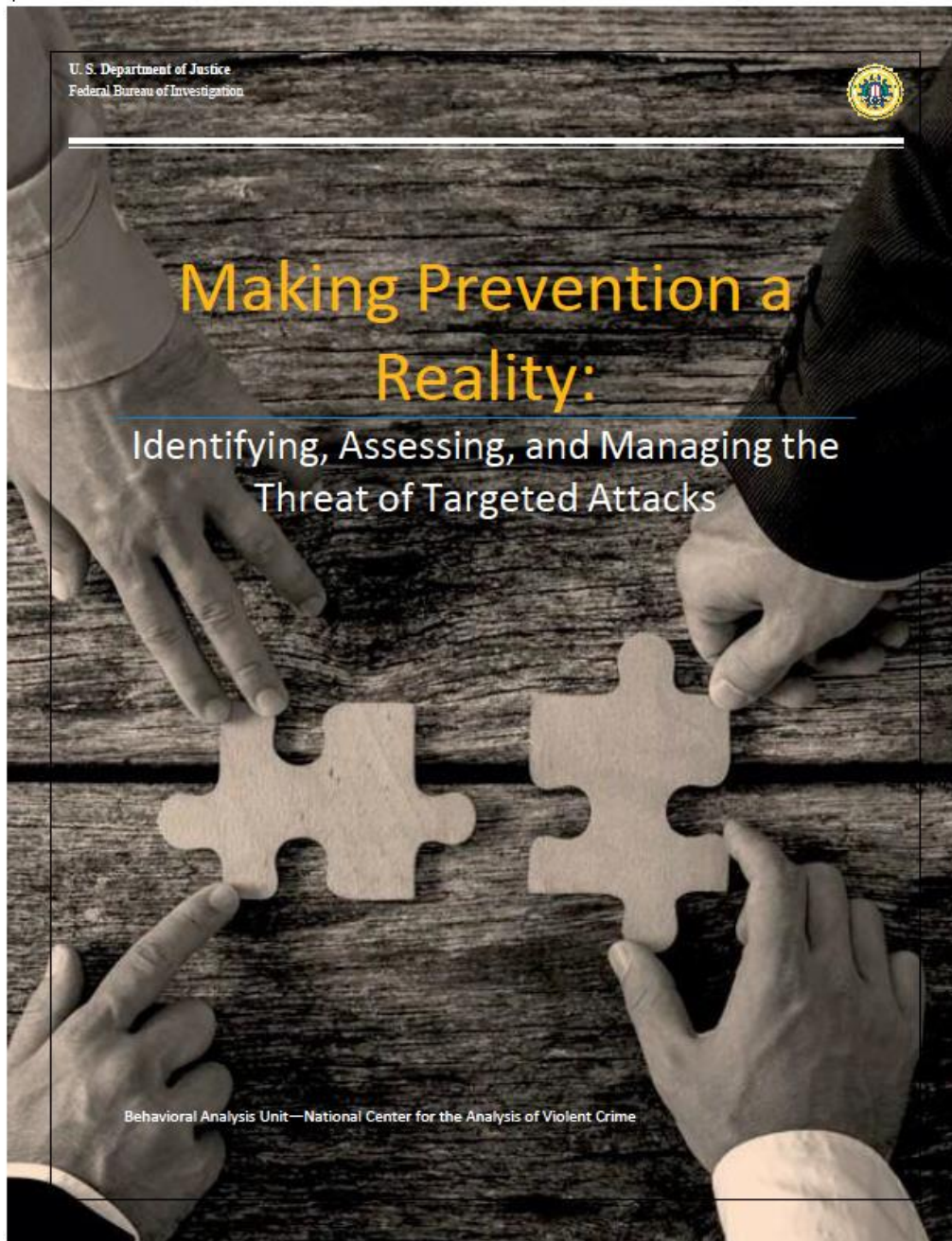
# Disclosures



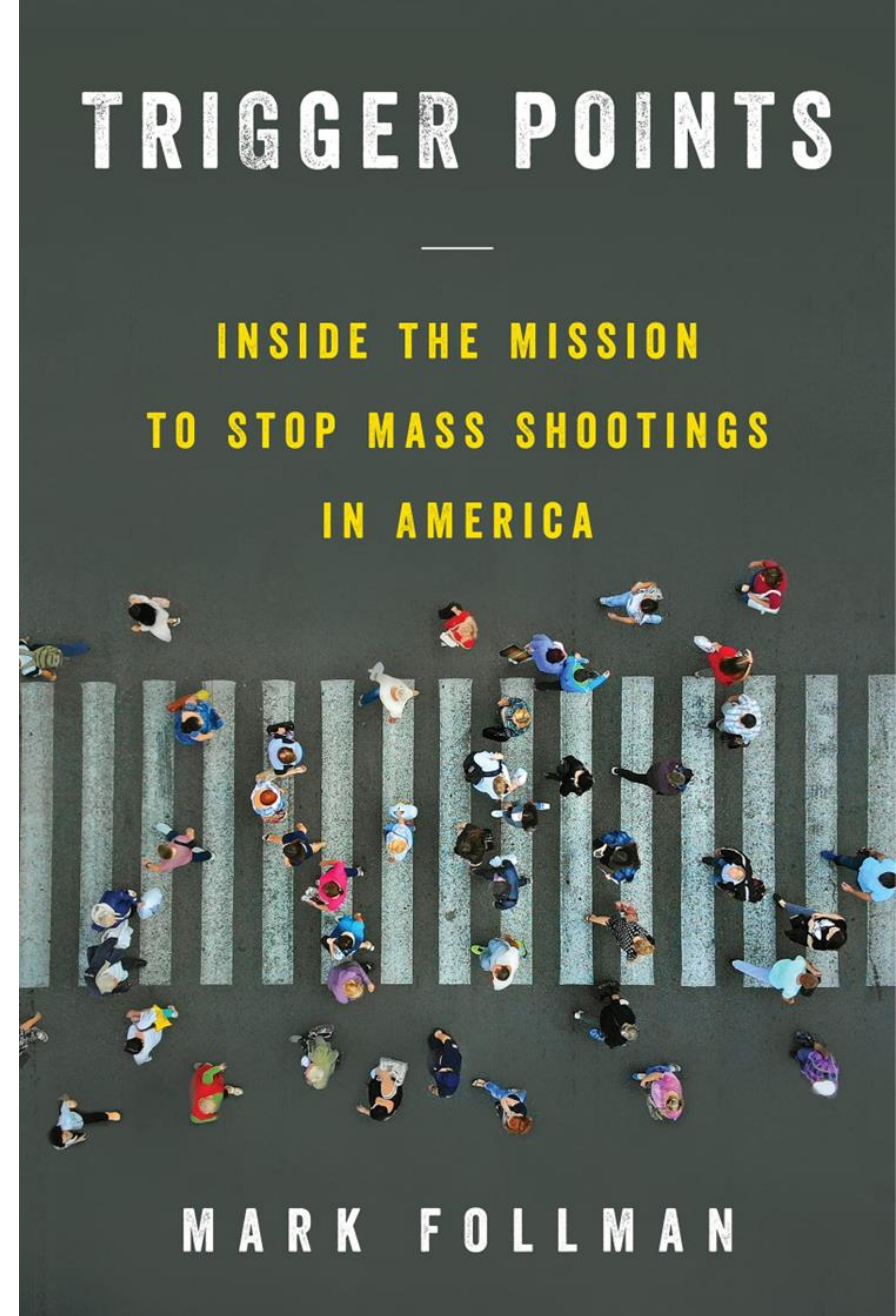
- No payments or gifts from pharma/industry or other ACCME-defined commercial interests since 2007
- Part of my time is funded by US Department of Homeland Security Center for Prevention Programs and Partnerships
- I receive payments from government agencies, nonprofit organizations, and non-healthcare businesses, for consultation, training, and expert witness work



Bernard Schwabbaum



Operational Guidance



Popular press explanation of TM

# **2018 AAEP Position Statement on Mass Shootings & Mental Illness**

[www.emergencypsychiatry.org](http://www.emergencypsychiatry.org)

- All threats of violence must receive a psychiatric evaluation within the capacity of the facility
- Psychiatric evaluation and tx will have limited impact
- Consultation & Collaboration
- Clinically, ethically, & legally appropriate decision making
- Staff support and care
- Continued study, learning, and development
- Evidence based messaging and communication



# Key points

- Try to stay left of bang
- Individualized assessments and interventions
- Disrupt risk factors, support protective factors
- Never worry alone
- Threat management is a tool towards treatment and threat management teams are allies in care



# Left of Bang







# Brian

- From the outpatient team:
  - 14M being evaluated for autism spectrum
  - Elaborate homicidal fantasies disclosed to psychologist
- From the school:
  - Fake email from a new parent to school leadership: “What do you do to keep students safe from shootings?”
- From law enforcement:
  - Mimicry in apparel, social media handles relating to Columbine
  - Favoriting social media posts on accessing firearms
- Community ER: “he says he was joking,” not psychotic or suicidal, no indication for admission and is sent home



**BREAKING NEWS**

**AP: 10 dead in Squirrel Hill shooting, suspect in custody**


**KDKA**  
**2**  
CBS Pittsburgh

**STRONGER**  
THAN HATE



# **Beware the shiny object**

-Stephanie Leite, PsyD



**A multidisciplinary **threat assessment** team, in conjunction with the appropriate policies, tools, and training, is **the best practice** for preventing future tragedies.**

Protecting America's Schools  
U.S. Secret Service, 2019

# Broad support for an evidence-based approach

## Healthcare

- VA Health System
- NYP/Columbia
- Johns Hopkins
- Univ of Southern California
- Kaiser Permanente

## Law Enforcement & Security

- International Association of Chiefs of Police
- Fraternal Order of Police
- Association of Threat Assessment Professionals
- American Society for Industrial Security
- International Association of Hospital Security and Safety

## Pennsylvania Government

- Pennsylvania Commission on Crime & Delinquency
- Governor's Office of Homeland Security
- Department of Education
- State Police & AG

## Mental Health

- NAMI
- American Association for Emergency Psychiatry
- National Council for Mental Wellness
- National Association of School Psychologists
- American Psychoanalytic Association

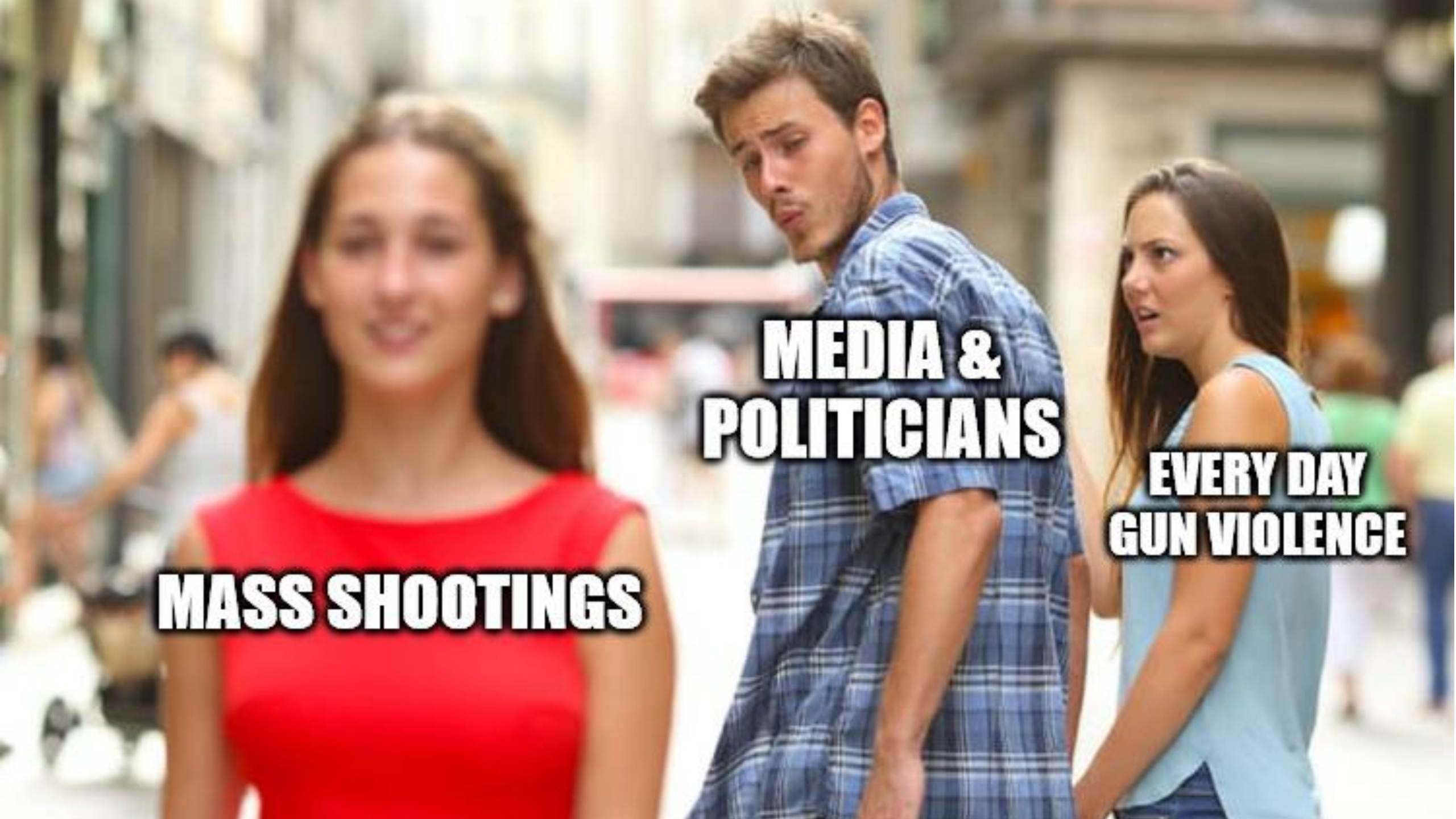
## Federal Government

- Federal Bureau of Investigation / US Attorneys Office
- Secret Service
- Capitol Police / Sergeant at Arms
- Naval Criminal Investigative Services
- Department of Homeland Security
- US Marshals Service
- Department of State / Diplomatic Security
- Department of Education
- Coast Guard Investigative Services

# Behavioral Threat Assessment and Management

- Using diverse teams of subject matter and operational experts to recognize and reduce violence risk before attacks happen
- **Evidence based** identification, investigation, prevention and follow up (case management\*)
- Focus is on behavior, communication, risk factors; not profiling by diagnosis, religion, ethnicity, politics, etc.
- Diverse teams reduce discrimination and systemic bias
- **Mitigation of harm is the absolute goal**





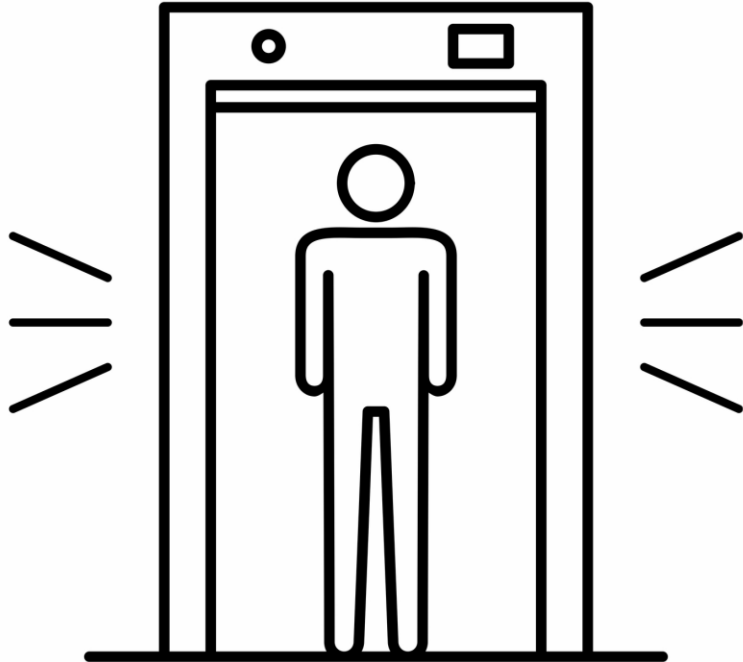
**MASS SHOOTINGS**

**MEDIA &  
POLITICIANS**


**EVERY DAY  
GUN VIOLENCE**



# Threat management works across settings and scales



- K12... and Pre and Higher Ed
- Workplaces
- Healthcare
- Houses of worship
- Retail, dining, and entertainment venues
- Workplace violence
- Stalking
- Intimate partner and domestic violence
- Violent extremism, hate crimes
- National security and counterterrorism

A top-down view of a variety of tools scattered on a dark, weathered wooden surface. The tools include several wrenches of different sizes, pliers, screwdrivers with various handles, hammers, a level, a brush, a glue gun, a utility knife, a saw, a comb, and several pencils. The tools are arranged in a somewhat chaotic but organized manner, filling the frame around the central text.

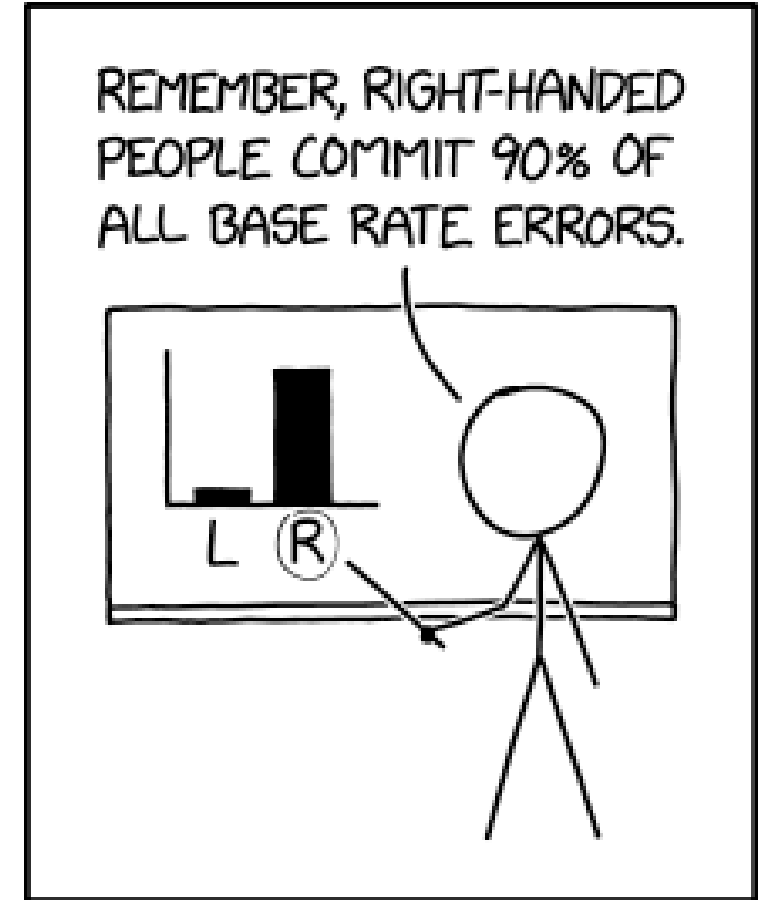
**A toolkit that is effective,  
ethical, evidence based,  
and equitable**

# Violence & Mass Shootings: Likelihood of “mental illness”

4%	Violence attributable to mental illness (Swanson 1996)
17%	Any non-SUD Axis I in murder def's (Martone 2013)
4.7%	NICS-disqualifying mental illness PMSs (Silver et al 2018)
11%	Evidence of prior MH “concerns” (Everytown 2015)
17%	Pre-incident dx, school shooters (Vossekuil/SSI 2002)
25%	Evidence of SMI, 100+ yrs of MM (Stone 2015)
25%	Pre-incident diagnosis of any kind, AS (Silver/BAU 2018)
28%	Evidence of MI, ISIS-influenced (Gill & Corner 2017)
40%	Prior dx in targeted school attacks (USSS/NTAC 2019)
55%	Lifetime risk, DSM-IV Disorder, all of USA (Kessler 2006)
59%	“Signs of serious mental illness” (Duwe 2007)
62%	Mental Health “Stressor,” AS (Silver/BAU 2018)

# Layers of Mental Illness

- Symptoms
- Diagnoses, current or past
- Current, significant impairment
- If I saw this person in the psychiatric emergency service, would I
  - Recommend outpatient, partial, inpatient?
  - Involuntary commitment?
- Would this person meet criteria for involuntary outpatient commitment? Long term state hospitalization?
- Not competent to stand trial?
- Guilty but mentally ill? (Illness impacts)
- Not guilty by reason of insanity? (Illness overrides)





**We can be good  
at prevention  
without needing  
to be good at  
prediction**

(Simons & Meloy, 2017)

# As many as 80% of assailants leak or threaten

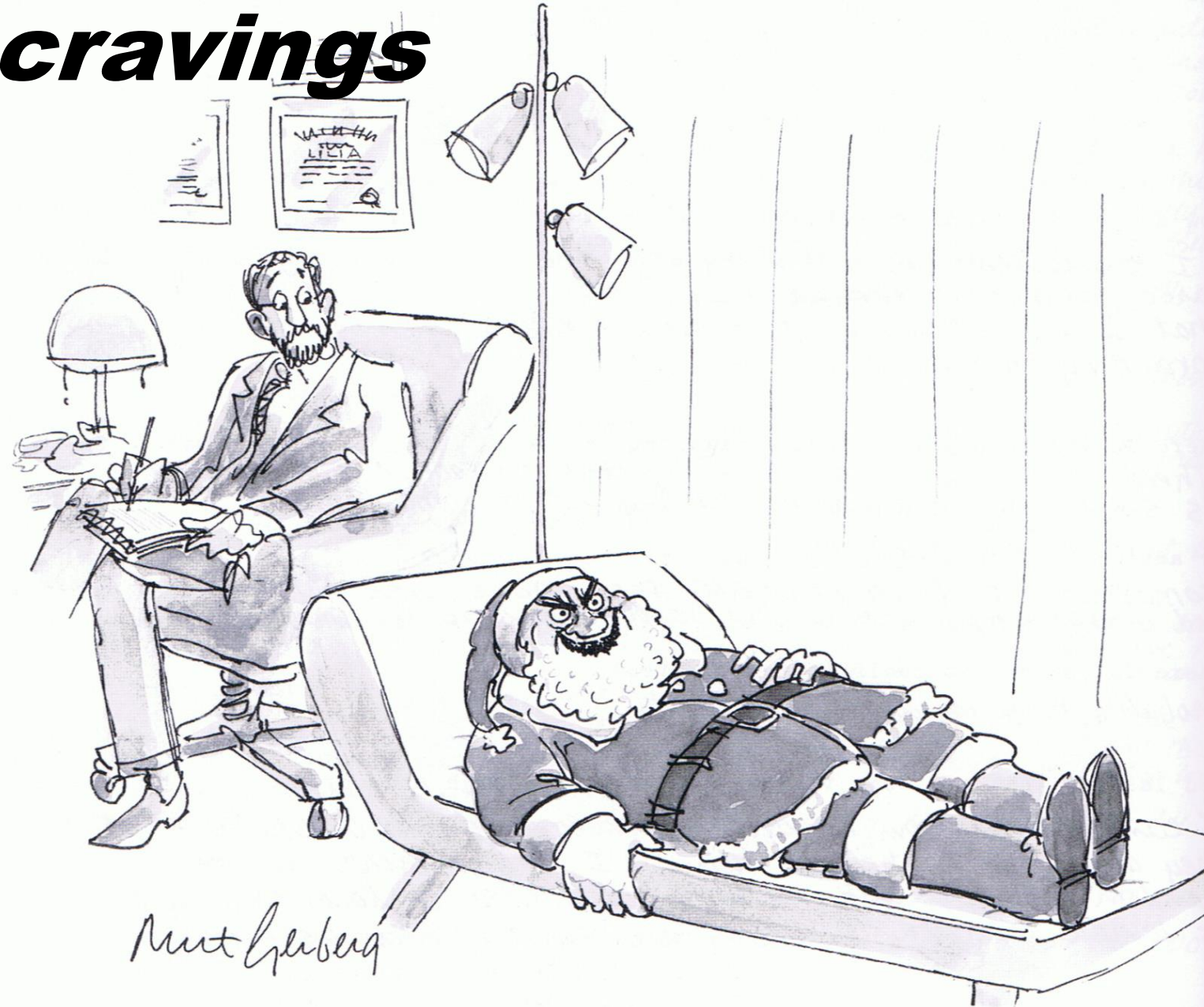
(Lankford et al 2019, Mitchell 2019 et al, Meloy & O'Toole 2011)

A **threat** is a communication to a target of intent to do harm.

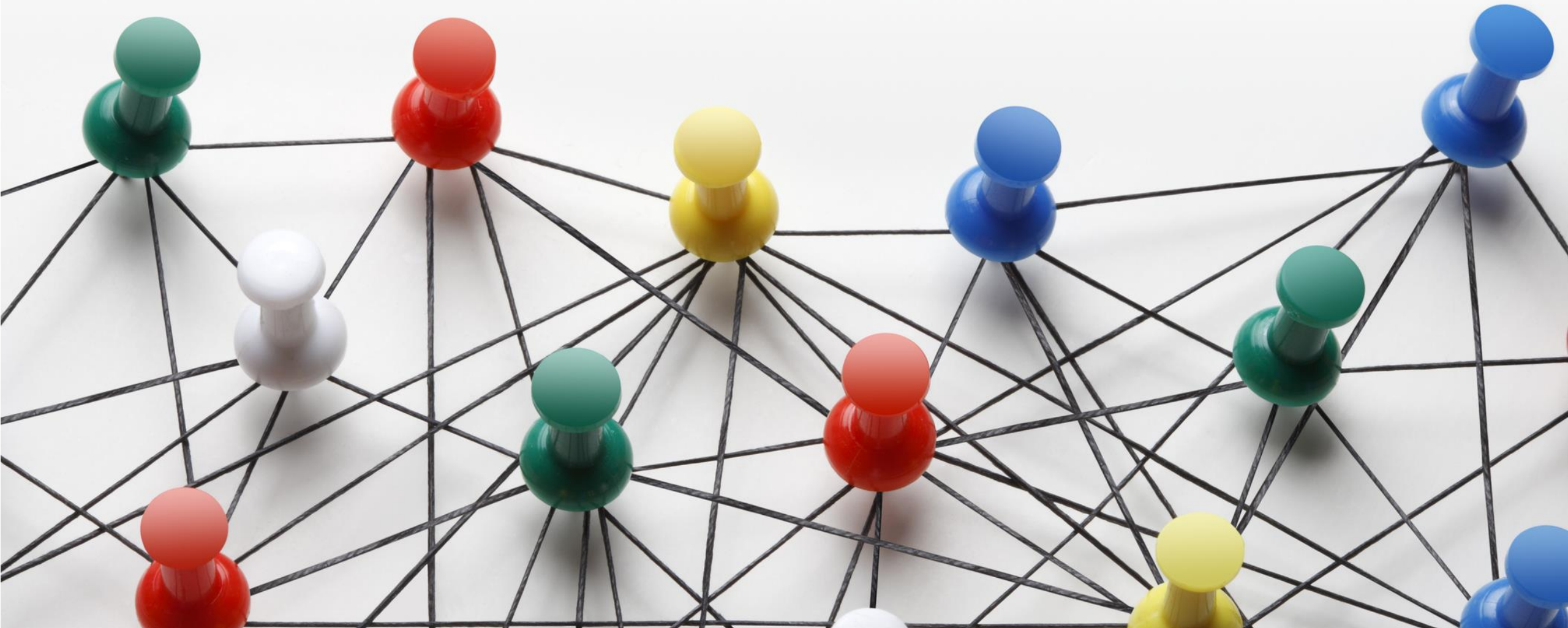
**Leakage** is the communication to a third party of an intent to do harm.



***Lately, I've been having  
uncontrollable cravings  
for venison***



**“You have to collect the dots before you can connect the dots.”** Jeff Pollard







# Individualized assessment, individualized interventions



**Dr. Vancbromicin**

@BromoSouthern



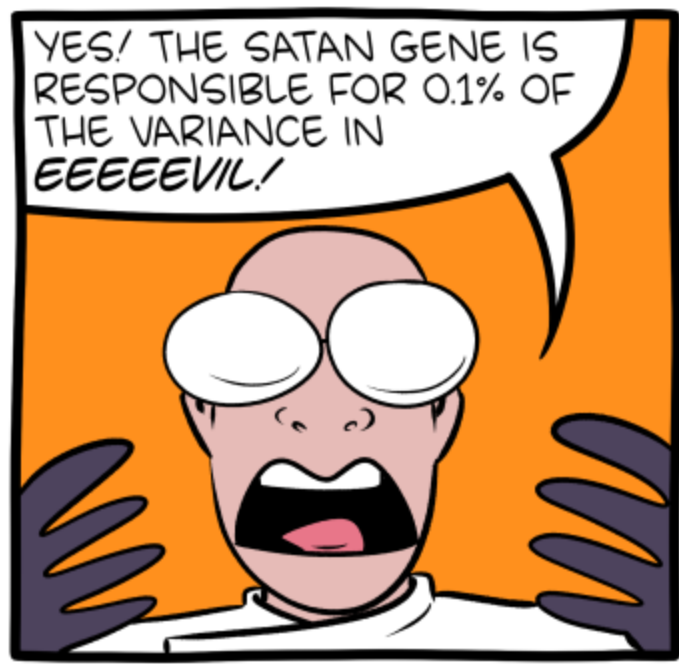
As a resident it can take only about 2.5 seconds to go from “what a nice day” to “I want to punch everyone in the face”

♡ 66 10:56 AM - May 31, 2019



 [See Dr. Vancbromicin's other Tweets](#)





**Not every  
risk factor  
will be useful**

# Investigate all **THREATS**<sup>3</sup>

(Barnhorst & Rozel 2021)

- T** **Threats**, leakage, or other statements of intent to harm
- H** **History of violence**, especially with the identified target
- R** **Recent stressors** (relationships, \$\$\$, housing, work, health, vic)
- E** **Ethanol** / other drug intoxication or recent use
- A** **Agitated/annoyed** easily (Hostile Attributional Style)
- T** **Takes no responsibility** (External Attributional Style)
- S** **Suicidality**, increasing hopelessness
- S** **Symptomatic** psychiatric illness, especially psychosis
- S** **Specific** target, access, means, plan

# Path to Intended\* Violence

(Adapted from Calhoun & Weston 2003/2016)



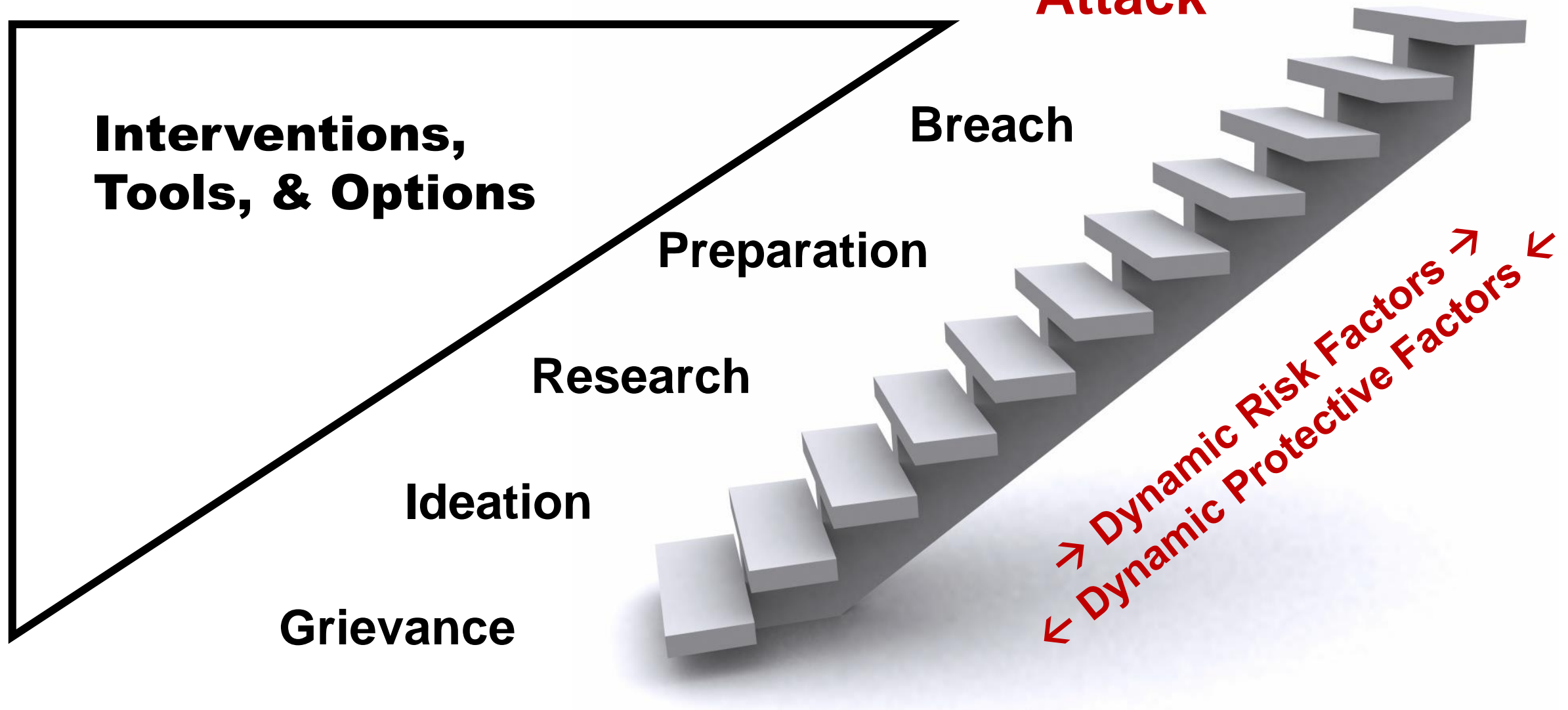
# Stages of Change

(Prochaska 1997)



# Path to Intended\* Violence

(Adapted from Calhoun & Weston 2003/2016)



**Not everybody  
makes it to the top**





# How can I help?

- An illness that can be treated
- A legitimate grievance that can be addressed
- An error that can be apologized for
- A psychosocial stressor that I can mitigate
- A strength I can amplify
- A protective factor I can add or reinforce
- Soft landings & supported exits
- Promote connection



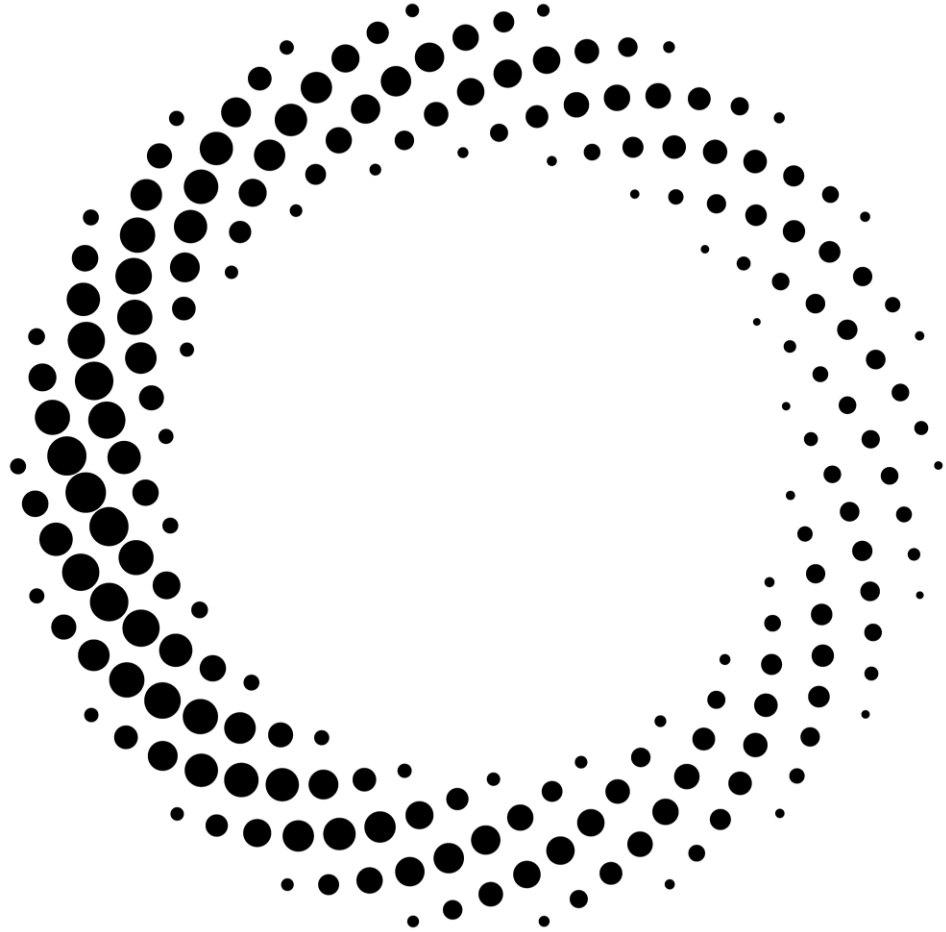
# How can I hurt?

- Acting out of bias
- Ignore concerns – ignore the dots
- Blame / punish reporters
- Punish / Push away
- Zero tolerance
- Scare / alienate
- Hard landings / fast exits





**Facilitating pathways  
to hope and recovery**



**Threat management  
is never a one-and-  
done**

# Never worry alone

(Tom Gutheil, Forensic Psychiatrist Extraordinaire)



- Consult a mental health professional (or, get a second opinion if you already are a MHP...)
  - Bonus points for consulting a forensically trained/experienced mental health professional!
- Engage threat management colleagues, leadership, legal, malpractice insurer, and / or risk management
- There is no shame in psychiatric admission to gather more data, get second opinions, explore more options, formulate a better plan

**We need to understand the environment we face and how others view it. Then build relationships at the personal, organizational and national level.**

**Relationships are the intermediate objectives to most goals.**

Gen. Stanley McChrystal



# Organic teams

- Who are you already solving problems with?
- Who else in your institution?
- Which EDs, crisis teams, counselors, etc.?
- Who else in your community?
  
- Trust
- Diversity
- Collaborative mindset and track record\*\*\*
- Common vision and purpose
- Subject matter expertise



# When law enforcement comes knocking...

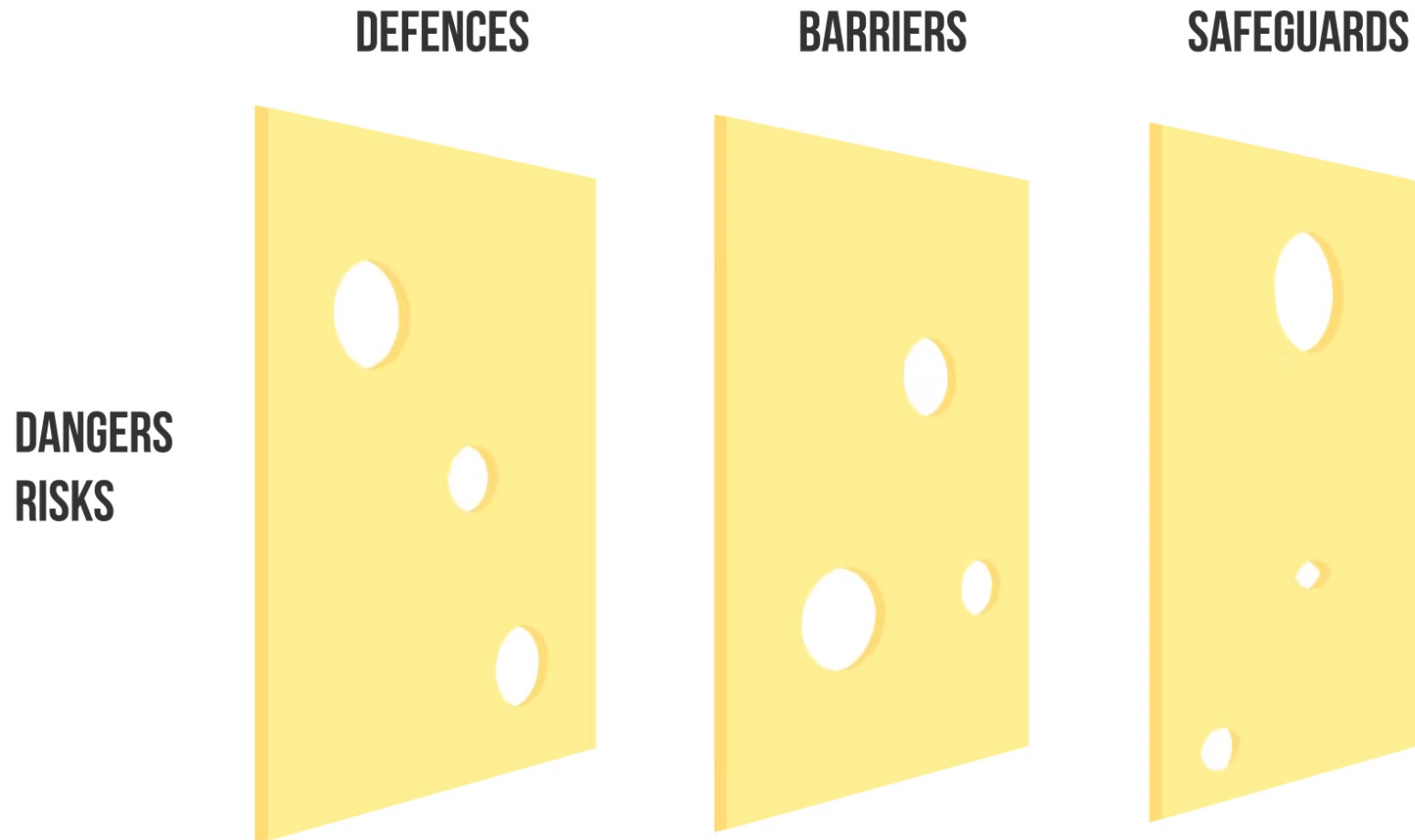
- We should always listen – there is a good chance they have collateral information we will never learn of otherwise
- “This sounds important. I may not be able to say much but I will do what I can to get it to the right treatment provider.”
- We can ask questions and offer hypotheticals as long as we are not leading
- HIPAA allows information sharing with LE to prevent acts of violence
- It’s hard to argue against applying the HIPAA emergency exception when you are in the ED





# Threat Management as a layer of Swiss cheese

(Wyman, Cooper, & Gibson, 2022)





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# Suggested readings & references

- Short read: Rozel. 2020. “Violence: Managing Major Threats.” In *Emergency Psychiatry: Principles & Practice*, edited by Rachel Lipson Glick, Scott L Zeller, and Jon S. Berlin, 2d ed., 345–57. Philadelphia: Wolters Kluwer.
- Barnhorst A, Rozel JS. Evaluating threats of mass shootings in the psychiatric setting. *International Review of Psychiatry*. 2021 Jul 16. Available Open Access: <https://www.tandfonline.com/doi/abs/10.1080/09540261.2021.1947784>
- Longer read: Behavioral Analysis Unit. 2016. “Making Prevention a Reality: Identifying, Assessing, and Managing the Threat of Targeted Attacks.” Washington, D.C.: Federal Bureau of Investigation, US Department of Justice. <https://www.fbi.gov/file-repository/making-prevention-a-reality.pdf>.
- General Press (and on Audible): Follman, Mark. 2022. *Trigger Points: Inside the Mission to Stop Mass Shootings in America*. New York, NY: Dey St.
- Deep dive (also on Audible but very long): Meloy, J. Reid, and Jens Hoffmann, eds. 2021. *International Handbook of Threat Assessment*, 2d ed. Oxford: Oxford University Press.
- Get wonky: Rozel. 2019. “Complexity, Computational Modeling, and Forecasting the Future of Threat Management.” *Journal of Threat Assessment and Management* 6 (3–4): 193–97. <https://doi.org/10.1037/tam0000131>.
- The Sandy Hook Promise “Tomorrow’s News” video is at <https://youtu.be/ZvRQ1StsYGw>